

LCADC Approved Drug List

The following over-the-counter medications may be taken without prior approval.

If you are *prescribed* a medication, you must still fill out a medication request form. You may only take these *specific* medications as directed! Keep in mind, it is *your* responsibility to make sure you don't test positive. If you have doubts, ask your pharmacist, medical provider or supervision officer.

Pain

Ibuprofen (Advil, Motrin)
Acetaminophen (Tylenol)
Naproxen (Aleve)
Aspirin
Midol (any kind)

Allergy

Sudafed **PE**
Benadryl Allergy
Benadryl Allergy & Cold
Claritin (*NOT Claritin D!*)
Loratadine

Cold and Flu

Comtrex Max Strength Cold
Dayquil (liquid or liqui-caps)
Alka-Seltzer Plus Cold
Robitussin **DM**

Stomach

Pepto-Bismol
Pepcid AC
Prilosec
Tagamet HB
Tums
Mylanta
Maalox
Imodium AD

Sinus and Congestion

Sudafed **PE**
Mucinex **DM**

I understand that by signing this form, I am approved to take only the above medications without special request. Furthermore, I understand that any other over-the-counter or prescribed medications must be approved via a Medication Request prior to taking them.

Signature

Date